

SERFF Tracking Number:	CNNA-125887650	State:	Arkansas
First Filing Company:	The Cincinnati Casualty Company, ...	State Tracking Number:	EFT \$50
Company Tracking Number:	WC-08-6018-AR		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	WC-08-6018-AR		
Project Name/Number:	/		

Filing at a Glance

Companies: The Cincinnati Casualty Company, The Cincinnati Indemnity Company, The Cincinnati Insurance Company

Product Name: WC-08-6018-AR	SERFF Tr Num: CNNA-125887650	State: Arkansas
TOI: 16.0 Workers Compensation	SERFF Status: Closed	State Tr Num: EFT \$50
Sub-TOI: 16.0004 Standard WC	Co Tr Num: WC-08-6018-AR	State Status: Fees verified and received
Filing Type: Rate	Co Status:	Reviewer(s): Betty Montesi, Carol Stiffler
	Author: Sharon Whitaker	Disposition Date: 11/12/2008
	Date Submitted: 11/04/2008	Disposition Status: Approved
Effective Date Requested (New): 09/01/2008		Effective Date (New): 09/01/2008
Effective Date Requested (Renewal): 09/01/2008		Effective Date (Renewal):

State Filing Description:

General Information

Project Name:	Status of Filing in Domicile: Not Filed
Project Number:	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 11/12/2008	
State Status Changed: 11/05/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
We are filing NCCI's revised Terrorism - Miscellaneous Values per Item B-1407. The NCCI updates were effective 9/1/08. We wish to use effective 9/1/08. If this is not possible then we request the earliest effective date possible.	

Company and Contact

Filing Contact Information

Sharon Grubbs, Senior Filings Analyst	sharon_grubbs@cinfin.com
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SERFF Tracking Number: CNNA-125887650 State: Arkansas
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Company Tracking Number: WC-08-6018-AR
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: WC-08-6018-AR
Project Name/Number: /

6200 S. Gilmore Road (513) 870-2091 [Phone]
Fairfield, OH 45014

Filing Company Information

The Cincinnati Casualty Company	CoCode: 28665	State of Domicile: Ohio
6200 S. Gilmore Road	Group Code: 244	Company Type:
Fairfield, OH 45014	Group Name:	State ID Number:
(513) 870-2000 ext. [Phone]	FEIN Number: 31-0826946	

The Cincinnati Indemnity Company	CoCode: 23280	State of Domicile: Ohio
6200 S. Gilmore Road	Group Code: 244	Company Type:
Fairfield, OH 45014	Group Name:	State ID Number:
(513) 870-2000 ext. [Phone]	FEIN Number: 31-1241230	

The Cincinnati Insurance Company	CoCode: 10677	State of Domicile: Ohio
6200 S. Gilmore Road	Group Code: 244	Company Type:
Fairfield, OH 45014	Group Name:	State ID Number:
(513) 870-2000 ext. [Phone]	FEIN Number: 31-0542366	

<i>SERFF Tracking Number:</i>	<i>CNNA-125887650</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>	<i>WC-08-6018-AR</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>WC-08-6018-AR</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Cincinnati Casualty Company	\$50.00	11/04/2008	23698869
The Cincinnati Indemnity Company	\$0.00	11/04/2008	
The Cincinnati Insurance Company	\$0.00	11/04/2008	

SERFF Tracking Number: CNNA-125887650

State: Arkansas

First Filing Company: The Cincinnati Casualty Company, ...

State Tracking Number: EFT \$50

Company Tracking Number: WC-08-6018-AR

TOI: 16.0 Workers Compensation

Sub-TOI: 16.0004 Standard WC

Product Name: WC-08-6018-AR

Project Name/Number: /

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	11/12/2008	11/12/2008
Approved	Carol Stiffler	11/05/2008	11/05/2008

Amendments

Item	Schedule	Created By	Created On	Date Submitted
Miscellaneous Rates Values		Sharon Whitaker	11/12/2008	11/12/2008
Miscellaneous Rates Values		Sharon Whitaker	11/12/2008	11/12/2008
Miscellaneous Rates Values		Sharon Whitaker	11/12/2008	11/12/2008

SERFF Tracking Number:	CNNA-125887650	State:	Arkansas
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Company Tracking Number:	WC-08-6018-AR		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	WC-08-6018-AR		
Project Name/Number:	/		

Disposition

Disposition Date: 11/12/2008

Effective Date (New): 09/01/2008

Effective Date (Renewal):

Status: Approved

Comment: This filing was reopened to allow the company to correct the effective date on the filing pages. It is being closed with the original 9/1/08 effective date.

Company Name:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):	Overall % Indicated Change:
The Cincinnati Casualty Company	-1.700%	\$1,829,913		\$1,861,956	%	%	0.000%
The Cincinnati Indemnity Company	-0.700%	\$3,027,791		\$3,049,212	%	%	0.000%
The Cincinnati Insurance Company	-2.400%	\$426,108		\$436,683	%	%	0.000%

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing

0.000%

Overall Percentage Rate Impact For This Filing

-1.200%

Effect of Rate Filing-Written Premium Change For This Program

\$5,283,812

<i>SERFF Tracking Number:</i>	<i>CNNA-125887650</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>The Cincinnati Casualty Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>WC-08-6018-AR</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>WC-08-6018-AR</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Effect of Rate Filing - Number of Policyholders Affected	0
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SERFF Tracking Number:	CNNA-125887650	State:	Arkansas
First Filing Company:	The Cincinnati Casualty Company, ...	State Tracking Number:	EFT \$50
Company Tracking Number:	WC-08-6018-AR		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	WC-08-6018-AR		
Project Name/Number:	/		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty		Yes
Supporting Document	NAIC Loss Cost Filing Document for Workers' Compensation		Yes
Supporting Document	NAIC loss cost data entry document		Yes
Supporting Document	MEMORANDUM		Yes
Supporting Document	NET EFFECT		Yes
Rate (revised)	Miscellaneous Values		Yes
Rate	Miscellaneous Values	Withdrawn	No
Rate (revised)	Miscellaneous Values		Yes
Rate	Miscellaneous Values	Withdrawn	Yes
Rate (revised)	Miscellaneous Values		Yes
Rate	Miscellaneous Values	Withdrawn	No

SERFF Tracking Number:	CNNA-125887650	State:	Arkansas
First Filing Company:	The Cincinnati Casualty Company, ...	State Tracking Number:	EFT \$50
Company Tracking Number:	WC-08-6018-AR		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	WC-08-6018-AR		
Project Name/Number:	/		

Disposition

Disposition Date: 11/05/2008

Effective Date (New): 11/05/2008

Effective Date (Renewal):

Status: Approved

Comment: All workers' compensation filings in Arkansas are prior approval and cannot be approved retroactively. I will approve this filing effective on today's date.

Company Name:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):	Overall % Indicated Change:
The Cincinnati Casualty Company	-1.700%	\$1,829,913		\$1,861,956	%	%	0.000%
The Cincinnati Indemnity Company	-0.700%	\$3,027,791		\$3,049,212	%	%	0.000%
The Cincinnati Insurance Company	-2.400%	\$426,108		\$436,683	%	%	0.000%

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing

0.000%

Overall Percentage Rate Impact For This Filing

-1.200%

<i>SERFF Tracking Number:</i>	<i>CNNA-125887650</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>The Cincinnati Casualty Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>WC-08-6018-AR</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>WC-08-6018-AR</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Effect of Rate Filing-Written Premium Change For This Program	\$5,283,812
Effect of Rate Filing - Number of Policyholders Affected	0

SERFF Tracking Number: CNNA-125887650 State: Arkansas
 First Filing Company: The Cincinnati Casualty Company, ... State Tracking Number: EFT \$50
 Company Tracking Number: WC-08-6018-AR
 TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
 Product Name: WC-08-6018-AR
 Project Name/Number: /

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty		Yes
Supporting Document	NAIC Loss Cost Filing Document for Workers' Compensation		Yes
Supporting Document	NAIC loss cost data entry document		Yes
Supporting Document	MEMORANDUM		Yes
Supporting Document	NET EFFECT		Yes
Rate (revised)	Miscellaneous Values		Yes
Rate	Miscellaneous Values	Withdrawn	No
Rate (revised)	Miscellaneous Values		Yes
Rate	Miscellaneous Values	Withdrawn	Yes
Rate (revised)	Miscellaneous Values		Yes
Rate	Miscellaneous Values	Withdrawn	No

<i>SERFF Tracking Number:</i>	<i>CNNA-125887650</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>The Cincinnati Casualty Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>WC-08-6018-AR</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>WC-08-6018-AR</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Amendment Letter

Amendment Date:
Submitted Date: 11/12/2008

Comments:

Good Morning Carol,

Thank you for the approval of the above referenced filing.

The Miscellaneous Values pages submitted with the original submission referenced a 9/1/08 effective date actually on the page because they were created using NCCI's page. Because the filing was actually approved with a different effective date, we felt that we needed to update the pages to reflect the approved effective date. The attachments here are those updated pages.

Sincerely,

Sharon

Changed Items:

Rate/Rule Schedule Item Changes:

Exhibit Name:	Rule # or Page #:	Rate Action:	Previous State Filing Numbers:	Attach Document:
Miscellaneous Values	CIC	Replacement		AR B-1407 Terrorism Update Page CIC.pdf
Exhibit Name:	Rule # or Page #:	Rate Action:	Previous State Filing Numbers:	Attach Document:
Miscellaneous Values	CCC	Replacement		AR B-1407 Terrorism Update Page CCC.pdf
Exhibit Name:	Rule # or Page #:	Rate Action:	Previous State Filing Numbers:	Attach Document:
Miscellaneous Values	CID	Replacement		AR B-1407 Terrorism Update Page CID.pdf

SERFF Tracking Number:	CNNA-125887650	State:	Arkansas
First Filing Company:	The Cincinnati Casualty Company, ...	State Tracking Number:	EFT \$50
Company Tracking Number:	WC-08-6018-AR		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	WC-08-6018-AR		
Project Name/Number:	/		

Rate Information

Rate data applies to filing.

Filing Method:	Prior Approval
Rate Change Type:	Decrease
Overall Percentage of Last Rate Revision:	-1.200%
Effective Date of Last Rate Revision:	07/01/2008
Filing Method of Last Filing:	File and Use

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):
The Cincinnati Casualty Company	0.000%	-1.700%	\$1,829,913		\$1,861,956	%	%
The Cincinnati Indemnity Company	0.000%	-0.700%	\$3,027,791		\$3,049,212	%	%
The Cincinnati Insurance Company	0.000%	-2.400%	\$426,108		\$436,683	%	%

Overall Rate Information for Multiple Company Filings

Overall % Rate Indicated:	0.000%
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<i>SERFF Tracking Number:</i>	<i>CNNA-125887650</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>The Cincinnati Casualty Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>WC-08-6018-AR</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>WC-08-6018-AR</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Overall Percentage Rate Impact For This Filing:	-1.200%
Effect of Rate Filing - Written Premium Change For This Program:	\$5,283,812
Effect of Rate Filing - Number of Policyholders Affected:	0

SERFF Tracking Number:	CNNA-125887650	State:	Arkansas
First Filing Company:	The Cincinnati Casualty Company, ...	State Tracking Number:	EFT \$50
Company Tracking Number:	WC-08-6018-AR		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	WC-08-6018-AR		
Project Name/Number:	/		

Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
	Miscellaneous Values	CIC	Replacement	AR B-1407 Terrorism Update Page CIC.pdf
	Miscellaneous Values	CCC	Replacement	AR B-1407 Terrorism Update Page CCC.pdf
	Miscellaneous Values	CID	Replacement	AR B-1407 Terrorism Update Page CID.pdf

Cincinnati Insurance Company

ARKANSAS

WORKERS' COMP UPDATE PAGE 1

Issued October 28, 2008

Changes Subsequent to Original Printing of Basic Manual Pages Effective 7-08

MISCELLANEOUS VALUES

DESCRIPTION	RATE
Catastrophe (other than Certified Acts of Terrorism) -- Effective 11/5/2008	0.01
Domestic Terrorism, Earthquake and Catastrophic Industrial Accidents -- Discontinued effective 11/5/2008	---
Terrorism -- Effective 11/5/2008	0.01
Foreign Terrorism -- Discontinued effective 11/5/2008	---

Cincinnati Casualty Company

ARKANSAS

WORKERS' COMP UPDATE PAGE 1

Issued October 28, 2008

Changes Subsequent to Original Printing of Basic Manual Pages Effective 7-08

MISCELLANEOUS VALUES

DESCRIPTION	RATE
Catastrophe (other than Certified Acts of Terrorism) -- Effective 11/5/2008	0.01
Domestic Terrorism, Earthquake and Catastrophic Industrial Accidents -- Discontinued effective 11/5/2008	---
Terrorism -- Effective 11/5/2008	0.01
Foreign Terrorism -- Discontinued effective 11/5/2008	---

Cincinnati Indemnity Company

ARKANSAS

WORKERS' COMP UPDATE PAGE 1

Issued October 28, 2008

Changes Subsequent to Original Printing of Basic Manual Pages Effective 7-08

MISCELLANEOUS VALUES

DESCRIPTION	RATE
Catastrophe (other than Certified Acts of Terrorism) -- Effective 11/5/2008	0.02
Domestic Terrorism, Earthquake and Catastrophic Industrial Accidents -- Discontinued effective 11/5/2008	---
Terrorism -- Effective 11/5/2008	0.02
Foreign Terrorism -- Discontinued effective 11/5/2008	---

SERFF Tracking Number:	CNNA-125887650	State:	Arkansas
First Filing Company:	The Cincinnati Casualty Company, ...	State Tracking Number:	EFT \$50
Company Tracking Number:	WC-08-6018-AR		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	WC-08-6018-AR		
Project Name/Number:	/		

Supporting Document Schedules

	Review Status:	
Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	11/04/2008
Comments:		
Attachments:		
F779AR CCC_WC-08-6018-AR.pdf		
F779AR CIC_WC-08-6018-AR.pdf		
F779AR CID_WC-08-6018-AR.pdf		
F777AR_WC-08-6018-AR.pdf		
	Review Status:	
Bypassed -Name:	NAIC Loss Cost Filing Document for Workers' Compensation	11/04/2008
Bypass Reason:	N/A	
Comments:		
	Review Status:	
Bypassed -Name:	NAIC loss cost data entry document	11/04/2008
Bypass Reason:	N/A	
Comments:		
	Review Status:	
Satisfied -Name:	MEMORANDUM	11/04/2008
Comments:		
Attachment:		
WC-08-6018-AR F.pdf		
	Review Status:	
Satisfied -Name:	NET EFFECT	11/04/2008
Comments:		
Attachment:		
AR B-1407 Terrorism Update Page with Net Effect 2008.pdf		

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	WC-08-6018-AR
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	N/A
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☐ Rate Increase ☒ Rate Decrease ☐ Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	Prior Approval
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4a.	Rate Change by Company (As Proposed)						
-----	---	--	--	--	--	--	--

Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)
The Cincinnati Casualty Company	n/a	-1.7	1,829,913		1,861,956		

4b.	Rate Change by Company (As Accepted) For State Use Only						
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)

Overall Rate Information (Complete for Multiple Company Filings only)			
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		COMPANY USE	STATE USE
5a.	Overall percentage rate indication (when applicable)	0%	
5b.	Overall percentage rate impact for this filing	-1.7%	
5c.	Effect of Rate Filing – Written premium change for this program	-\$32,043	
5d.	Effect of Rate Filing – Number of policyholders affected		

6.	Overall percentage of last rate revision	+2.5%
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7.	Effective Date of last rate revision	07/01/08
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8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	File & Use
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9.	Rule # or Page # Submitted for Review	Replacement or Withdrawn?	Previous state filing number, if required by state
01	Revised Terrorism - Miscellaneous Values	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	N/A
		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	N/A
		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	N/A

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	WC-08-6018-AR
----	--	----------------------

2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	N/A
----	---	------------

☐ Rate Increase ☒ Rate Decrease ☐ Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	Prior Approval
----	--	-----------------------

4a.	Rate Change by Company (As Proposed)						
-----	---	--	--	--	--	--	--

Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)
The Cincinnati Insurance Company	n/a	-2.4	426,108		436,683		

4b.	Rate Change by Company (As Accepted) For State Use Only						
-----	--	--	--	--	--	--	--

Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)

Overall Rate Information (Complete for Multiple Company Filings only)			
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		COMPANY USE	STATE USE
5a.	Overall percentage rate indication (when applicable)	0%	
5b.	Overall percentage rate impact for this filing	-2.4%	
5c.	Effect of Rate Filing – Written premium change for this program	\$-10,575	
5d.	Effect of Rate Filing – Number of policyholders affected		

6.	Overall percentage of last rate revision	+2.8%
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7.	Effective Date of last rate revision	07/01/08
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8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	File & Use
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9.	Rule # or Page # Submitted for Review	Replacement or Withdrawn?	Previous state filing number, if required by state
01	Revised Terrorism - Miscellaneous Values	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	N/A
		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	N/A
		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	N/A

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	WC-08-6018-AR
----	--	----------------------

2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	N/A
----	---	------------

☐ Rate Increase ☒ Rate Decrease ☐ Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	Prior Approval
----	--	-----------------------

4a.	Rate Change by Company (As Proposed)						
-----	---	--	--	--	--	--	--

Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)
The Cincinnati Indemnity Company	n/a	-0.7	3,027,791		3,049,212		

4b.	Rate Change by Company (As Accepted) For State Use Only						
-----	--	--	--	--	--	--	--

Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)

Overall Rate Information (Complete for Multiple Company Filings only)			
--	--	--	--

		COMPANY USE	STATE USE
5a.	Overall percentage rate indication (when applicable)	0%	
5b.	Overall percentage rate impact for this filing	-0.7%	
5c.	Effect of Rate Filing – Written premium change for this program	-\$21,421	
5d.	Effect of Rate Filing – Number of policyholders affected		

6.	Overall percentage of last rate revision	+2.7%
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7.	Effective Date of last rate revision	07/01/08
----	---	-----------------

8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	File & Use
----	---	-----------------------

9.	Rule # or Page # Submitted for Review	Replacement or Withdrawn?	Previous state filing number, if required by state
01	Revised Terrorism - Miscellaneous Values	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	N/A
		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	N/A
		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	N/A

Property & Casualty Transmittal Document

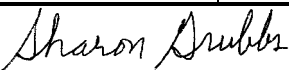
1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name	Group NAIC #
The Cincinnati Insurance Company	0244

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
The Cincinnati Insurance Company	Ohio	0244-10677	31-0542366	03
The Cincinnati Casualty Company	Ohio	0244-28665	31-0826946	03
The Cincinnati Indemnity Company	Ohio	0244-23280	31-1241230	03

5. Company Tracking Number	WC-08-6018-AR
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
6200 South Gilmore Road Fairfield, Ohio 45014-5141	Senior Filing Specialist	513-870-2091	513-888-8884	Sharon_grubbs@cinfin.com
7. Signature of authorized filer				
8. Please print name of authorized filer		Sharon Grubbs		

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	WORKERS' COMPENSATION
10. Sub-Type of Insurance (Sub-TOI)	WORKERS' COMPENSATION
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	n/a
12. Company Program Title (Marketing title)	n/a
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 09/01/2008 Renewal: 09/01/08
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	n/a
17. Reference Organization # & Title	n/a
18. Company's Date of Filing	11/04/08
19. Status of filing in domicile	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	WC-08-6018-AR
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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See Memorandum

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<p>Check #: EFT FILING Amount: \$50.00</p> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>	

*****Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

**ARKANSAS
WORKERS' COMPENSATION
RULES AND RATES MEMORANDUM**

NEW PAGE	OLD PAGE	DESCRIPTION OF CHANGE
Per NCCI's Item B-1407 effective 9/1/08:		
Update Pages - Miscellaneous Values		CIC NCCI's has revised Terrorism and issued an update pages effective 9/1/08, with an net effect of (-2.4%) CCC NCCI's has revised Terrorism and issued update pages effective 9/1/08, with an net effect of (-1.7%) CID NCCI's has revised Terrorism and issued update pages effective 9/1/08, with an net effect of (-0.7%)

ARKANSAS

Issue Date:	October 28, 2008
Basic Manual Page Ed:	7-08
Expense Constant:	160
Min/Max Multiplier	135
Min/Max:	750

Loss Cost Multiplier:	
CIC	1.327
CCC	1.393
CID	1.592

CLASS CODE	Loss Cost	CURRENT CIC RATE 7-08	CURRENT CCC RATE 7-08	CURRENT CID RATE 7-08	CIC NEW RATE	CCC NEW RATE	CID NEW RATE	CIC % CHANGE	CCC % CHANGE	CID % CHANGE	CIC Premium	CCC Premium	CID Premium	CIC Net Effect	CCC Net Effect	CID Net Effect	EXPLANATION
9741	0.01	0.01	0.01	0.02	0.01	0.01	0.02	0.0%	0.0%	0.0%	5,281	16,066	42,833	5,281	16,066	42,833	Catastrophe (other than Certified Acts of Terrorism) -- Effective 9/1/2008
9741		0.01	0.01	0.02	Discontinued Effective 9/1/2008												Domestic Terrorism, Earthquake and Catastrophic Industrial Accidents -- Discontinued effective 9/1/2008
9740	0.01	0.03	0.03	0.03	0.01	0.01	0.02	-66.7%	-66.7%	-33.3%	15,863	48,064	64,261	5,288	16,021	42,841	Terrorism -- Effective 9/1/2008
9740		0.03	0.03	0.03	Discontinued Effective 9/1/2008												Foreign Terrorism -- Discontinued effective 9/1/2008
						Updated Codes:		-50.0%	-50.0%	-20.0%	21,144	64,130	107,094	10,569	32,087	85,674	
						All Other Codes:		0.0%	0.0%	0.0%	415,539	1,797,826	2,942,118	415,539	1,797,826	2,942,118	
						OVERALL NET EFFECT:		-2.4%	-1.7%	-0.7%	436,683	1,861,956	3,049,212	426,108	1,829,913	3,027,791	

-1.20% 5,347,851 5,283,812